

1.) CORPORATION NAME:

**APSE FOUNDATION**

DUE DATE: **9/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**KATHERINE INGE**

**1314 W. MAIN ST.**

**RICHMOND, VA 23220**

SCC ID NO: **03643442**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1627 MONUMENT AVE ROOM 301

CITY/ST/ZIP: RICHMOND, VA 23220-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BILL NOONE  
TITLE: PRESIDENT  
ADDRESS: 27 WORMWOOD ST  
CITY/ST/ZIP/CO: BOSTON, MA 02210-

☒ OFFICER ☐ DIRECTOR

NAME: LAURA OWENS  
TITLE: DIRECTOR  
ADDRESS: 451 HUNGERFORD DR  
CITY/ST/ZIP/CO: ROCKVILLE, MD 20850-

☐ OFFICER ☒ DIRECTOR

NAME: WENDY PARENT  
TITLE: SECRETARY  
ADDRESS: 1000 SUNNYSIDE AVE, RM 1052  
CITY/ST/ZIP/CO: LAWRENCE, KS 66045-

☒ OFFICER ☐ DIRECTOR

NAME: PAULA JOHNSON  
TITLE: TREASURER  
ADDRESS: 10 MONTICELLO DR  
CITY/ST/ZIP/CO: LAKE OSWEGO, OR 97035-

☒ OFFICER ☐ DIRECTOR

NAME: PAT KEUL  
TITLE: VICE PRESIDENT  
ADDRESS: DIRECT SERVICE WORKS  
9030 TORRENCE CROSSING DRIVE  
CITY/ST/ZIP/CO: HUNTERSVILLE, NC 28078-

☒ OFFICER ☐ DIRECTOR

NAME:	TOM HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	265 SAW MILL RIVER ROAD		
CITY/ST/ZIP/CO:	HAWTHORNE, NY 10532-		
NAME:	DON BRUNETTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FRIENDSHIP INC. 801 PAGE DRIVE		
CITY/ST/ZIP/CO:	FARGO, ND 58103-		
NAME:	SUZY HUTCHESON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 597 1100 S. FEDERAL HIGHWAY		
CITY/ST/ZIP/CO:	STUART, FL 34995-		
NAME:	RICHARD LUECKING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	451 HUNGERFORD DRIVE		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20858-		
NAME:	DAVID MANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	INSTITUTE ON DISABILITY & COMMUNITY 2853 E. 10TH STREET		
CITY/ST/ZIP/CO:	BLOOMINGTON, IN 47408-2696		
NAME:	GERRY WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1401 WOODBURY LANE SUITE 808		
CITY/ST/ZIP/CO:	LIBERTY, MO 64068-		
NAME:	DAVID HOFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 842011 1314 W. MAIN ST.		
CITY/ST/ZIP/CO:	RICHMOND, VA 23824-2011		
NAME:	CESILEE COULSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	KAPOSIA INC. 380 E. LAFAYETTE FREEWAY SOUTH		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55107-1216		
NAME:	KATHERINE INGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1314 W. MAIN STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23284-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ LAURA OWENS</u>	<u>LAURA OWENS, DIRECTOR</u>	<u>9/1/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		